

FILED **MAY 3** 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11731**  
Registrar's No. **411**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		b. COUNTY <b>GREENE</b>	
c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>ROUTE # 3</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>L.</b>			c. (Last) <b>BAUER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 23 1954</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>DEC. 20, 1879</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months Days		IF UNDER 4 HRS: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED EDCOMOTIVE ENGINEER</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>IOWA /</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>GEORGE BAUER</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>MARY ANN BAUER</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>				16. SOCIAL SECURITY NO. <b>?</b>				17. INFORMANT'S SIGNATURE OR NAME <b>MARY BAUER</b>				ADDRESS <b>RT # 3 SPRINGFIELD, MO</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>								<b>3 hrs</b>	
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial insufficiency</b> DUE TO (c) <b>Arterial hypertension &amp; Coronary arteriosclerosis</b>									
		II. OTHER SIGNIFICANT CONDITIONS								<b>8 hrs</b>	
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis</b>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **4-22-** 1954, to **4-23-** 1954, that I last saw the deceased alive on **4-23-** 1954, and that death occurred at **5:10A**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. M. K. Kingner M.D.</b>		23b. ADDRESS <b>1630 N. Jefferson</b>				23c. DATE SIGNED <b>4-24-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/27/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-26-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lucian T. Swadley*

Licensed Embalmer No. 48

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.